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08/08/2006

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 LACKENBACH SIEGEL BUILDING
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SCARSDALE, NY 10583

10/30/2006 CCHAUE 00000023 503108 10680266

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J. Harold Nissen	(Depositor's name)
<i>J. Harold Nissen</i>	(Signature)
Oct. 25, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/680.266	10/07/2003	David Finkelstein	LASRA P-1	6368

TITLE OF INVENTION: MIRROR AND COIL LASER BEAM PROJECTION APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHERRY, EUNCHIA P	2872	359-212000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

J. Harold Nissen *and*
 Lackenbach Siegel, LLP
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LaserRave LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

460 NW 120th Drive
 Coral Springs, Florida 33071

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-3108** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

J. Harold Nissen

Date

October 25, 2006

Typed or printed name

J. Harold Nissen

Registration No.

17,283

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